Supplemental Independent											SUPPL	EMENTAL	INDEPENDE	NT EXPEN	NDITURE
E	<b>cpenditur</b>	re Report Sections 84203.5)		Amoi	pe or print in ink. Ints may be round whole dollars.	led	fron	Report covers n			Stamp /2004		CALIFORN FORM	<sup>IA</sup> 4	65
SEE	E INSTRUCTION	IS ON REVERSE		☐ Am	endment (Explain	n Below)	thro	ough <u>12/31/200</u>	)3				Page <sup>1</sup>	of 92	2
	Am	endment No 000		7	(Explain	, 20,011)		e of election if (Month, Day	applicable:					ial Use Or	
		Report No CM3					10/7	10/7/2003							
1.	Committe	e/Filer Information		I.D. NUMB 1258279	ER (if recipient commi	ittee)	_	Treasurer	(If recipient	committee)		•			
	COMMITTEE/FIL	ER'S NAME					Ī	NAME OF TREAS	SURER						
	Community Civ	ic Participation Project sponsored	by Labor Orga	nizations				Jack Gribbon							
	STREET ADDRE	SS (NO P.O. BOX)					N	MAILING ADDRE	SS						
	OTTLET ABBITE	00 (110 1 :0: 20%)													
	CITY	Sī	TATE Z	P CODE	AREA CODE/PHON	NE	ō	CITY			STATE	ZIP CODE	AREA C	ODE/PHO	NE
	Sacramento			5814	((21)3) -738-8405			San Francisco			CA	94102	(415) 5	53-3280	
	Sacramento CA 95814 ((21)3) -738-84 OPTIONAL: FAX/E-MAIL ADDRESS			((21)3) -736-6403		_	OPTIONAL: FAX/	E-MAIL ADDRE	ESS	CA	74102	(413) 3.	33 3200		
 2.	Name of C	andidate or Measu	re Suppo	rted o	r Opposed										
	NAME OF CANDII		. С Саррс		- орросси		OFFICE S	SOUGHT OR HE	LD AND DISTR	ICT. IF APPLICA	ABLE			SUPPORT	
										,					
	NAME OF BALLO	T MEASURE					BALLOT	NO./LETTER	JURISDICTIO	N				SUPPORT	OPPOSE
	Infrastructure: Fi	nance					53		Statewide						X
<del></del> 3.	Independ	ent Expenditures M	lade Attach	additional	information on app	ropriat	ely labele	ed continuation	sheets.						
	•	<u>-</u>				·	-			I	A.N.A.C.	LINIT	I CA	LATIVE TO	EAR
9/3	DATE 0/2003	Oscar Aguilluz Jr.	ID ADDRESS C	PAYEE		PhoneF		SCRIPTION OF E	XPENDITURE		\$102.12	UNI	\$210.77	N.1 - DEC.	31)
<i>)</i> , <i>5</i> ,	0/2003	Los Angeles, CA 90042				Inoner	Junic				Ψ102.12		Ψ210.77		
10/	c 10000	0 4 31 7				DI F					фо <u>г</u> о 4		#210.77		
10/0	6/2003	Oscar Aguilluz Jr. Los Angeles, CA 90042				PhoneE	3ank				\$35.34		\$210.77		
9/3	0/2003	Elizabeth Aleman Bell Gardens, CA 90201				PhoneE	Bank				\$111.20		\$248.25		

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/2000	3	1/12/2004	FORM 2	<b>65</b>
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page 2 of	92
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
O. Nome	of Condidate or Manager Com	onoutod ou Ouwoood					
	of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT II	E APPLICABLE		RT OPPOSE
NAME OF	CANDIDATE		OFFICE SOCIAL OICH	LLD AND DIOTRIOT, I	ALLEGADLE	30770	KI OFFOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/6/2003	Elizabeth Aleman Bell Gardens, CA 90201	Phor	neBank		\$55.41	\$248.25	
9/30/2003	Marilu Alfaro-Infante Los Angeles, CA 90042	Phor	neBank		\$109.90	\$179.17	
10/6/2003	Marilu Alfaro-Infante Los Angeles, CA 90042	Phor	neBank		\$41.56	\$179.17	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>3</u> of	92
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Us	
	Report No CM3	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/F	PHONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	e of Candidate or Measure Sup	oported or Opposed				CI	HECK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
	pendent Expenditures Made A	1	•			CUMULATIVE CALENDA	TO DATE
DATE 9/24/2003	E NAME AND ADDRE Andy Gump, Inc.		DESCRIPTION OF r Contact	EXPENDITURE	\$244.00	(JAN.1 - E	DEC.31)
	Santa Clarita, CA 91351						
9/30/2003	Heidy Arrivillaga Los Angeles, CA 90062	Phon	eBank		\$80.64	\$168.60	
10/6/2003	Heidy Arrivillaga Los Angeles, CA 90062	Phon	neBank		\$9.23	\$168.60	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>4</u> of	92
Ar	nendment No 000	-	Date of election i	if applicable:		For Official Us	
	Report No CM3	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	HONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Su	pported or Opposed				<b>C</b> 1	IECK ONE
NAME OF CAND	·	- година	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		ORT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SHIPP	ORT OPPOSE
Will St Brille	31 MEAGGINE		BALLOT NO JEET LEK	COMODICTION		0011	011 001
3. Independ	lent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	n sheets.		CUMULATIVE CALENDA	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - D	EC.31)
10/6/2003	Heidy Arrivillaga Los Angeles, CA 90062	Vote	er Contact		\$43.39	\$168.60	
9/30/2003	Maria Teresa Badillo Los Angeles, CA 90057	Phor	neBank		\$104.06	\$223.68	
10/6/2003	Maria Teresa Badillo Los Angeles, CA 90057	Phor	neBank		\$46.18	\$223.68	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>5</u> of	92
A	mendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CI	IECK ONE
NAME OF CANE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Independ	dent Expenditures Made A	Attach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE CALENDA	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - D	EC.31)
9/30/2003	Jose Venacio Balam Inglewood, CA 90304	Phon	aeBank		\$111.46	\$237.53	
10/6/2003	Jose Venacio Balam Inglewood, CA 90304	Phon	neBank		\$46.18	\$237.53	
9/30/2003	Diana Barajas Los Angeles, CA 90045	Phon	neBank		\$95.96	\$231.18	

Expen	emental Independent aditure Report ent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTF	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>6</u> of	92
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMM	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
 2. Nam	e of Candidate or Measure Su	pported or Opposed				CL	IECK ONE
	DF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		ORT OPPOSE
NAME C	DF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Inde	ependent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
10/6/2003	Diana Barajas		eBank	LXFLINDITORL	\$55.33	(JAN.1 - D	EC.31)
	Los Angeles, CA 90045						
9/30/2003	Jessie Barrios Glendale, CA 91205	Phone	eBank		\$104.06	\$241.11	
10/6/2003	Jessie Barrios Glendale, CA 91205	Phone	eBank		\$55.41	\$241.11	

	mental Independent	Type or print in ink.	Report covers	s period	SUPPLEMENT. Date Stamp	AL INDEPENDENT EXP	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	•	1/12/2004	CALIFORNIA FORM	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	03		Page <u>7</u> of .	92
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Nome	of Condidate or Magazina Sirin	amouted or Opposed					
NAME OF C	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	I D AND DISTRICT	IF APPLICABLE		CK ONE
10 101 0				ies rate biorition,	II / II LIO/ISEL	33.13.	017 002
NAME OF B	SALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
-	endent Expenditures Made At	1			ı	CUMULATIVE T CALENDAR	
DATE 10/7/2003	NAME AND ADDRE		DESCRIPTION OF I	EXPENDITURE	\$101.36	(JAN.1 - DE	
10/7/2003	Los Angeles, CA 90005	Voli	er Contact		\$101.30	\$101.56	
9/23/2003	William Berry dba William Berry Campa Sacramento, CA 95814	igns Mai	ler		\$18,750.00	\$80,247.33	
9/24/2003	William Berry dba William Berry Campa Sacramento, CA 95814	igns Mai	ler		\$38,528.92	\$80,247.33	

Expend	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page 8 of	92
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTI	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	F APPLICABLE		ECK ONE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	RYEAR
9/27/2003	William Berry dba William Berry Campa Sacramento, CA 95814	aigns Walk	c Piece		\$1,400.00	\$80,247.33	·
	Perfect Image Printing Rancho Cordova, CA 95742	Wall	c Piece		\$.00	\$.00	
9/27/2003	William Berry dba William Berry Campa Sacramento, CA 95814	aigns Door	rhanger		\$4,000.00	\$80,247.33	

Expendit	ental Independent cure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2000		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page 9 of	92
4	Amendment No 000	-	Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of NAME OF CAR	f Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		CK ONE
NAME OF BAL	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
•	ndent Expenditures Made A					CUMULATIVE T	O DATE YEAR
DATE	NAME AND ADDRE		DESCRIPTION OF E	EXPENDITURE	\$.00	(JAN.1 - DE)	C.31)
	Portland, OR 97214						
9/27/2003	William Berry dba William Berry Campa Sacramento, CA 95814	aigns Maile	er		\$17,568.41	\$80,247.33	

<b>Expendit</b>	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>10</u> of	92
4	Amendment No 000	—	Date of election i (Month, Day	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	PRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/F	PHONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		HECK ONE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepen	ndent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	n sheets.		CUMULATIVE   CALENDA	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - D	DEC.31)
	Perfect Image Printing Rancho Cordova, CA 95742	Maile	er		\$.00	\$.00	
	Wyman Design Graphics Davis, CA 95612	Maile	er		\$.00	\$.00	
	U.S. Postmaster Sacramento, CA 95814	Maile	er		\$.00	\$.00	

Sι	upplement	tal Independent		_				SUPPLEMENTAL	L INDEPENDEN	T EXPE	NDITURI
Ex	<b>(penditure</b> vernment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers from $\frac{9/21/2003}{}$	•		Stamp /2004	CALIFORNI FORM	<sup>A</sup> 4	65
SEE	INSTRUCTIONS	ON REVERSE	Amendment (Explain Beld	ow)	through	03			Page <u>11</u>	of 92	2
	Ame	endment No 000			Date of election if (Month, Day	f applicable:			For Officia		
		Report No CM3			10/7/2003						
1.	Committee	/Filer Information	I.D. NUMBER (if recipient committee)	)	Treasurer	(If recipient o	committee)				
	COMMITTEE/FILER	R'S NAME			NAME OF TREAS	SURER					
		. (10.50.50)			MAILING ADDRE	ESS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE		CITY			STATE ZIP COD	E AREA CO	DDE/PHOI	NE
	OPTIONAL: FAX/E-	-MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRE	SS				
2.	Name of Ca	andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OFF	ICE SOUGHT OR HE	ELD AND DISTR	ICT, IF APPLICA	ABLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BAL	LOT NO./LETTER	JURISDICTIO	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropr	riately la	abeled continuation	sheets.			CUMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CAL	ENDAR Y I.1 - DEC.	EAR
		BDC Printing Solutions Portland, OR 97214	Mai	iler				\$.00	\$.00		
		Wyman Design Graphics	Mai	iler				\$.00	\$.00		
		Davis, CA 95612									
		Kramer's Metro Mail Portland, OR 97210	Mai	iler				\$.00	\$.00		

Expendi	nental Independent ture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page	of 92
	Amendment No 000	-	Date of election if (Month, Day	f applicable:		For Official	
	Report No CM3	-	10/7/2003				
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRE	SS			
STREET AL	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA COL	DE/PHONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Sup	ported or Opposed					CHECK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	APPLICABLE	s	SUPPORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		s	SUPPORT OPPOSE
. Indepe	endent Expenditures Made At	tach additional information on appropria	l tely labeled continuation	sheets.		CLIMITI A	TIVE TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	COMOLA CALE (JAN.	TIVE TO DATE NDAR YEAR 1 - DEC.31)
	BDC Printing Solutions Portland, OR 97214	Mailer			\$.00	\$.00	
	U.S. Postmaster	Mailer	:		\$.00	\$.00	
	Sacramento, CA 95814						
	Wyman Design Graphics Davis, CA 95612	Mailer			\$.00	\$.00	

E	upplement xpenditure overnment Code Se	tal Independent Report ections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM		65
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page _13	of <u>92</u>	
	Ame	endment No 000		Date of election i (Month, Day	if applicable:		For Official U		
		Report No CM3		10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)			
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
	STREET ADDRESS	S (NO P.O. BOX)		MAILING ADDR	ESS				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE	E/PHON	IE
	OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS				
	Name of Candida	andidate or Measure Supp	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CHECK	ONE OPPOSE
	NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		su	PPORT	OPPOSE
3.	Independe	nt Expenditures Made Atta	ch additional information on appropri	ately labeled continuation	n sheets.	<u> </u>	CUMULATI   CALEN	VE TO	DATE
	DATE	NAME AND ADDRESS		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1	- DEC.3	31)
		Kramer's Metro Mail Portland, OR 97210	Maile	er		\$.00	\$.00		
		U.S. Postmaster Sacramento, CA 95814	Maile	er		\$.00	\$.00		
		BDC Printing Solutions Portland, OR 97214	Maile	er		\$.00	\$.00		

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	•	SUPPLEMENTA Date Stamp 1/12/2004			55
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page 14 of 92  For Official Use Only  ZIP CODE AREA CODE/PHONE  CHECK ON SUPPORT OPE  SUPPORT OPE  CUMULATIVE TO DAT CALENDAR YEAR		
	Amendment No 000	-	Date of election i (Month, Day	f applicable:				
	Report No CM3		10/7/2003					
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)			
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER				
OTDEET AD	ADDESC (NO D.O. DOV)		MAILING ADDRE	ESS				
SIREELAD	DRESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CO	DDE/PHONE	E
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
2. Name o	of Candidate or Measure Sup	ported or Opposed					CHECK	ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT	IF APPLICABLE		SUPPORT	OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
. Indepe	ndent Expenditures Made Att	tach additional information on appropri	ately labeled continuation	sheets.		OLIMA II	ATIVE TO 5	DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	COMOLA CAL (JAN	ENDAR YE. I.1 - DEC.31	AR 1)
	Kramer's Metro Mail Portland, OR 97210	Maile	er		\$.00	\$.00		
	Wyman Design Graphics	Maile	er		\$.00	\$ 00		
	Davis, CA 95612	1.1.1.1	-			4.00		
0/30/2003	Christopher Bolanos Los Angeles, CA 90047	Phon	eBank		\$102.12	\$226.53		

Expenditu	INSTRUCTIONS ON REVERSE Amendment No 000 Report No CM3 Amendment (Explain Below) Report No CM3  COMMITTEE/FILER'S NAME  COMMITTEE/FILER'S NAME  Treasurer (If recipient committee) NAME OF TREASURER  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STAT	Type or print in ink. Amounts may be rounded to whole dollars.  Type or print in ink. Amounts may be rounded to whole dollars.  Report covers period  Pate Stamp 1/12/2004  From 9/21/2003  CALIFORN FORM				CALIFORNIA	465
SEE INSTRUCTION		92					
A	mendment No 000	—	Date of election i	f applicable:			
	Report No CM3	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	HONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CI	IECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
•	-	1	•		AMOUNT	CALENDA	AR YEAR
10/6/2003	Christopher Bolanos			EXPENDITURE		,	EC.31)
	Los Angeles, CA 90047						
9/23/2003		COPE Phot	nebank		\$134.18	\$758.60	
9/21/2003	CA State Council of Service Employees Sacramento, CA 95814	COPE Web	osite Development		\$31.81	\$758.60	

Expendi	Amendment No 000 Report No CM3  Committee/Filer Information COMMITTEE/FILER'S NAME  STREET ADDRESS (NO P.O. BOX)  CITY STATE  OPTIONAL: FAX/E-MAIL ADDRESS  Name of Candidate or Measure Supply NAME OF CANDIDATE  NAME OF BALLOT MEASURE  Independent Expenditures Made Attander  DATE NAME AND ADDRESS  CA State Council of Service Employees Co Sacramento, CA 95814	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
•							
SEE INSTRUC		Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>16</u> of _	
	Amendment No 000	-	Date of election if a (Month, Day, Y			For Official Use (	Only
	Report No CM3	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRE	ESS			
STREET AL	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE	SUPPOR	T OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
	endent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets			
-	-	1	DESCRIPTION OF I		AMOUNT	CUMULATIVE T CALENDAR	YEAR
9/27/2003	CA State Council of Service Employees		er Contact	-XI ENDITORE	\$55.91	(JAN.1 - DEC	<i>.</i> )
	Sacramento, CA 95814						
9/30/2003	Angela Caballero Inglewood, CA 90303	Pho	neBank		\$111.46	\$212.97	
10/6/2002	A 1 C 1 II	N.	D 1		ф55 22	¢212.07	
10/6/2003	Angela Caballero Inglewood, CA 90303	Phot	neBank		\$55.33	\$212.97	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
Amounts may be rounded to whole dollars.    Amounts may be rounded to whole dollars.   Form   9/21/2003	Page 17 o	of 92					
An	nendment No 000	- Landing (Explain Box	Date of election i	f applicable:		For Official Us	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/I	PHONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Sup	oported or Opposed				C	HECK ONE
	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		PORT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
<u>-</u>	_	ĺ			AMOUNT	CUMULATIVI CALEND	E TO DATE AR YEAR
	Mayra Cabrera			EXPENDITURE		(JAN.1 - [	DEC.31)
	Los Angeles, CA 90016						
10/6/2003		Phor	neBank		\$51.10	\$102.20	
9/24/2003	The Calvert Company, Inc. Tustin, CA 92780	Vote	er Contact		\$335.88	\$335.88	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
Amounts may be to whole dolla see instructions on reverse  Amendment No 000	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>18</u> of	92	
A	amendment No 000	—	Date of election i	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CI	IECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
-	-	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE R YEAR EC.31)
9/30/2003		Phone	eBank		\$106.66	\$232.58	
10/6/2003		Phone	eBank		\$36.94	\$232.58	
10/7/2003	Felipe Calzada Los Angeles, CA 90028	Voter	Contact		\$18.47	\$232.58	

Sunnlam	ental Independent				SUPPLEMENTA	L INDEPENDENT EXP	ENDITURE
Expendit	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	-	Date Stamp 1/12/2004	CALIFORNIA FORM	65
EE INSTRUCT	emental Independent Inditure Report Int Code Sections 84203.5) RUCTIONS ON REVERSE  Amendment No Report No Report No CM3  Inmittee/Filer Information ITTEE/FILER'S NAME  TADDRESS (NO P.O. BOX)  STATE  NAL: FAX/E-MAIL ADDRESS  e of Candidate or Measure Support Candidate  FE NAME AND ADDRESS  Pependent Expenditures Made  Consuelo Canul Los Angeles, CA 90047  Consuelo Canul Los Angeles, CA 90047  Cardenas Communications, Inc. South Pasadena, CA 91030	Amendment (Explain Below	through <u>12/31/200</u>	03		Page _19 of _	92
	Amendment No 000		Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM3		10/7/2003				
. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient co	ommittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET ADD	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRES	S		
2. Name of	f Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRIC	CT, IF APPLICABLE	SUPPOR	_
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indeper	ndent Expenditures Made Att	ach additional information on appropria	tely labeled continuation	sheets.			
DATE	NAME AND ADDRES	1	DESCRIPTION OF E		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
0/30/2003		Phone	Bank		\$109.23	\$160.33	,
0/6/2003		Phone	Bank		\$51.10	\$160.33	
0/25/2003		Televi	sion Ad		\$45,417.44	\$59,954.02	

E	upplement xpenditure overnment Code Se	tal Independent Report ections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	4(	olituri 35
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>20</u>	of <u>92</u>	
	Ame	endment No 000		Date of election i	f applicable:		For Official U		
		Report No CM3		10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)			
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
	STREET ADDRESS	S (NO P.O. BOX)		MAILING ADDR	ESS				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE	/PHON	E
	OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS				
	Name of Ca	andidate or Measure Supp	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CHECK	ONE OPPOSE
	NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUP	PPORT	OPPOSE
3.	Independe	nt Expenditures Made Atta	ach additional information on appropria	ately labeled continuation	sheets.		CUMULATI\	/E TO I	DATE
	DATE	NAME AND ADDRESS		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 -	DEC.3	1)
		Los Angeles, CA 90045	Telev	ision Ad		\$.00	\$.00		
		KFTR Los Angeles, CA 90045	Telev	ision Ad		\$.00	\$.00		
		KVEA Burbank, CA 91523	Telev	ision Ad		\$.00	\$.00		

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	
EE INSTR	OF CANDIDATE  OF BALLOT MEASURE  Ependent Expenditures Made	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>21</u>	of 92
	Amendment No 000	-	Date of election if (Month, Day	applicable:			l Use Only
	Report No CM3	-	10/7/2003				
. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	nittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET	T ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CO	DE/PHONE
OPTION	NAL · FAY/F-MAIL ADDRESS		OPTIONAL · FAX	Æ-MAIL ADDRESS			
01 1101	VIE. I / VVE III IIE / ISSINESS		OF FIGURE 1700	E WINE NOONEGO			
2. Name	e of Candidate or Measure Sup	ported or Opposed					CHECK ONE
	•		OFFICE SOUGHT OR HE	LD AND DISTRICT,	F APPLICABLE	•	SUPPORT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		,	SUPPORT OPPOSE
. Inde	pendent Expenditures Made Att	tach additional information on appropriat	tely labeled continuation	sheets.		CUMULA	ATIVE TO DATE
DATI	E NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CALE (JAN	ATIVE TO DATE ENDAR YEAR .1 - DEC.31)
		Televis	sion Ad		\$.00	\$.00	
	Lieberman Broadcasting, Inc.	Televi	sion Ad		\$.00	\$.00	
		Televis	sion Ad		\$.00	\$.00	
	1				1	1	

Sι	upplement	tal Independent	<b>-</b>					SUPPLEMENTAL	INDEPENDENT	EXPEN	NDITURI
E>	<b>(penditure</b> vernment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.	from	9/21/2003		Date St 1/12/20		CALIFORNIA FORM	4	65
SEE	INSTRUCTIONS	ON REVERSE	Amendment (Explain Bel	low) through	12/31/200	)3			Page <u>22</u>	of 92	2
	Ame	endment No 000		Date of e		applicable:		_	For Officia		
		Report No CM3		10/7/2003	3						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	) Trea	asurer	(If recipient co	ommittee)				
	COMMITTEE/FILE	R'S NAME		NAME	OF TREAS	SURER					
	OTDEET 4 DDDE00	0. (NO DO DO)		MAILI	NG ADDRE	SS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY				STATE ZIP CODE	AREA CO	DE/PHON	NE
	OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIC	NAL: FAX/	E-MAIL ADDRES	SS				
2.	Name of Ca	andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OFFICE SOUG	HT OR HE	LD AND DISTRIC	CT, IF APPLICABI	.E	\$	SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BALLOT NO./L	ETTER	JURISDICTION	<u> </u>		\$	SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on approp	riately labeled cor	ntinuation	sheets.			CUMULA	TIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE	DESCRIP	TION OF E	XPENDITURE		AMOUNT	CALE	NDAR Y	EAR
		KFSF San Francisco, CA 94105-2240	Tele	evision Ad			\$.0	00	\$.00		
		KSTS	Tele	evision Ad			\$.0	00	\$.00		
		San Jose, CA 95131									
		Vison Publicidad Sherman Oaks, CA 91423	Tele	evision Ad			\$.0	00	\$.00		

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.  Report covers period  From 9/21/2003  CALIFO FOR					465
SEE INSTRUCTION	Amounts may be rounded to whole dollars.  RUCTIONS ON REVERSE  Amendment No 000  Report No CM3  MITTEE/FILER'S NAME  STATE ZIP CODE AREA CODE/PHONE  STATE ZIP CODE AREA CODE/PHONE  STATE ZIP CODE AREA CODE/PHONE  OF CANDIDATE  OF BALLOT MEASURE  BALLOT NO/LETTER JURISDICTION  BALLOT NO/LETTER JURISDICTION  SUPPOR  BALLOT NO/LETTER JURISDICTION  SUPPOR  SUPPOR  SUPPOR  SUPPOR  SUPPOR  CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOR  SUPPOR  SUPPOR  SUPPOR  SUPPOR  SUPPOR  CUITAL' FAX/E-MAIL ADDRESS  CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOR  SUPPO	92					
Am	nendment No 000	—	Date of election i	if applicable:			
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C		oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		IECK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ  DATE 9/25/2003	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF			(JAN.1 - D	TO DATE R YEAR EC.31)
		Radio	o Ad		\$.00	\$.00	
	KRCD/KRCV/KTNQ Glendale, CA 91023	Radio	o Ad		\$.00	\$.00	

E	upplemen kpenditur overnment Code S	tal Independent e Report sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 1/12/2004	CALIFORNI FORM		65
SEE	E INSTRUCTION:	S ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page _24	_ of 9	2
	Ame	endment No 000		Date of election i	f applicable:		For Official		
		Report No CM3		10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)	•		
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
	STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP C	ODE AREA CO	DDE/PHO	NE
	OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS				
	Name of C	andidate or Measure Supp	ported or Opposed						
	NAME OF CANDID		oriton of Opposition	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
3.	Independe	ent Expenditures Made Atta	ach additional information on appropri	iately labeled continuation	sheets.		CUMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT		ENDAR Y N.1 - DEC.	
		KSCA Glendale, CA 91203	Radi	o Ad		\$.00	\$.00		
		KXOL Los Angeles, CA 90064	Radi	o Ad		\$.00	\$.00		
		KLAX Los Angeles, CA 90064	Radi	o Ad		\$.00	\$.00		

Sı	upplement	tal Independent	Toma as entert to test	г	Daniel	- mania d		SUPPLEMENTAL	_ INDEPENDEN	T EXPE	NDITURI
E	<b>xpenditure</b> overnment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers from $\frac{9/21/2000}{}$			Stamp /2004	CALIFORNI FORM	<sup>A</sup> 4	65
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Beld	ow)	through <u>12/31/2003</u>				Page <u>25</u>	of 92	2
	Ame	endment No 000		Date of election if applicable (Month, Day, Year)		applicable:			For Officia		
		Report No CM3			10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	)	Treasurer	(If recipient o	ommittee)				
	COMMITTEE/FILE	R'S NAME			NAME OF TREAS	SURER					
					MAILING ADDRE	SS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE 2	ZIP CODE AREA CODE/PHONE		CITY			STATE ZIP COD	E AREA CO	DDE/PHOI	NE
	OPTIONAL: FAX/E-	-MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRE	SS				
		andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OFF	FICE SOUGHT OR HE	LD AND DISTRI	ICT, IF APPLIC <i>F</i>	ABLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BAL	LOT NO./LETTER	JURISDICTIO	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropr	riately la	abeled continuation	sheets.			CLIMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CAL	ENDAR Y I.1 - DEC.	EAR
		KZAB Los Angeles, CA 90064	Rad	lio Ad				\$.00	\$.00		
		KBUA/KBUE	Rad	lio Ad				\$.00	\$.00		
		Burbank, CA 91504						4.00	4.00		
		KHJ/KWIZ Burbank, CA 91504	Radi	lio Ad				\$.00	\$.00		
		I .							1		

Sι	upplement	tal Independent	Type or print in ink.	Г	Report covers	noriod	Dat-	SUPPLEMENTAL		_	NDITURI
E>	<b>(penditure</b> vernment Code Se	e Report	Amounts may be rounded to whole dollars.		from9/21/2003	-	1/12/	Stamp 2004	CALIFORNI FORM	<sup>A</sup> 4	65
SEE	INSTRUCTIONS	ON REVERSE	Amendment (Explain Bel	low)	w) through <u>12/31/2003</u>				Page <u>26</u>	of 92	2
	Ame	endment No 000	(	,	Date of election if (Month, Day	applicable:			For Officia		
		Report No CM3			10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee	·)	Treasurer	(If recipient c	ommittee)				
	COMMITTEE/FILE	R'S NAME		-	NAME OF TREAS	SURER					
		. (10.50.50)		-	MAILING ADDRE	SS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE	-	CITY			STATE ZIP COD	E AREA CO	DE/PHOI	NE
	OPTIONAL: FAX/E	-MAIL ADDRESS		-	OPTIONAL: FAX	/E-MAIL ADDRE	SS				
		andidate or Measure Supp	orted or Opposed								K ONE
	NAME OF CANDIDA	ATE		OF	FICE SOUGHT OR HE	ELD AND DISTRI	CT, IF APPLICA	BLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BAI	LLOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on approp	riately I	labeled continuation	sheets.			CUMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CALI	ENDAR Y I.1 - DEC.	EAR
		KWIZ Burbank, CA 91504	Rad	dio Ad				\$.00	\$.00		
		KBLA	Rad	lio Ad				\$.00	\$.00		
		Los Angeles, CA 90012									
		KSSC/KSSD Los Angeles, CA 90010	Rad	dio Ad				\$.00	\$.00		

Sι	upplement	tal Independent	Tune or print in inte	Г	Donout occurr	noviod	D :	SUPPLEMENTAL	L INDEPENDEN	T EXPE	NDITURI
E>	<b>xpenditure</b> overnment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers from $\frac{9/21/2003}{}$	_		Stamp /2004	CALIFORNI FORM	4	65
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Belo	ow)	through <u>12/31/200</u>	03			Page <u>27</u>	of 92	2
	Ame	endment No 000		Date of election if a (Month, Day,		f applicable:			For Officia		
		Report No CM3			10/7/2003						
1.	Committee	/Filer Information	I.D. NUMBER (if recipient committee)		Treasurer	(If recipient o	committee)				
	COMMITTEE/FILER	R'S NAME			NAME OF TREAS	SURER					
	OTDEET ADDRESS	C (NO D O DOV)			MAILING ADDRE	ESS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE		CITY			STATE ZIP COD	E AREA CO	DE/PHOI	NE
	OPTIONAL: FAX/E-MAIL ADDRESS				OPTIONAL: FAX	/E-MAIL ADDRE	SS				
2.	Name of Ca	andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OFF	FICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICA	ABLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BAL	LOT NO./LETTER	JURISDICTIO	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropri	iately la	abeled continuation	sheets.			CUMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CAL	ENDAR Y I.1 - DEC.	EAR
		KLYY Los Angeles, CA 90010	Radi	io Ad				\$.00	\$.00		
		KWKW	Radi	io Ad				\$.00	\$.00		
		Los Angeles, CA 90068									
								+			
		KSOL/KSQL San Francisco, CA 94111	Radi	io Ad				\$.00	\$.00		

Sunnlan	nental Independent				SUPPLEMENTA	L INDEPENDENT EXP	ENDITURE
Expendi	etional: Fax/e-mail address  ame of Candidate or Measure S  ME OF CANDIDATE	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/200	-	Date Stamp 1/12/2004	CALIFORNIA FORM	<b>165</b>
EE INSTRUC	Amendment No  Report No  Report No  Report No  CM3  CM3  CM3  CM3  CM3  CM3  CM3  CM	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>28</u> of	92
	Amendment No 000		Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM3		10/7/2003				
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	mmittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRE	SS			
STREET AD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRES	5		
2. Name o	of Candidate or Measure Sup	ported or Opposed				CHE	ECK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRIC	T, IF APPLICABLE	SUPPO	
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE <sup>-</sup>	
DATE	NAME AND ADDRES		DESCRIPTION OF I	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
		Radio	o Ad		\$.00	\$.00	
		Radio	) Ad		\$.00	\$.00	
	KIQI San Francisco, CA 94107	Radio	) Ad		\$.00	\$.00	

Expenditu	ntal Independent re Report Sections 84203.5)	Amendment (Explain Below)    Amendment (Explain Below)	-65				
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	Amounts may be rounded to whole dollars.    Amendment (Explain Below)   through   12/31/2003   Date of election if applicable: (Month, Day, Year)   10/7/2003   For Official Use Only    ID. NUMBER (if recipient committee)   Treasurer (if recipient committee)   NAME OF TREASURER   MAILING ADDRESS	92			
An	nendment No 000	-   Tanonamora (Explain Box	Date of election i	if applicable:			
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FAX	VE-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Su	pported or Opposed				CHI	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	-	1			AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
9/30/2003	Abel Castaneda			EXI ENDITORE		,	
	South Gate, CA 90280						
10/6/2003	Abel Castaneda South Gate, CA 90280	Phor	neBank		\$51.10	\$226.52	
9/30/2003	Belinda Cisneros Paloma, CA 91331	Phor	neBank		\$102.12	\$172.63	

		Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
		Amounts may be rounded to whole dollars.	from9/21/200	)3	1/12/2004	FORM 4	65
SEE INSTRUCTION	Belinda Cisneros Paloma, CA 91331	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>30</u> of _	92
An	nendment No 000	-	Date of election i	if applicable:		For Official Use 0	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	//E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Name of (	Candidate or Measure Sur	norted or Opposed					
	·	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made A	tach additional information on appropr	iately labeled continuation	n sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/6/2003		Pho	neBank		\$43.40	\$172.63	
9/30/2003	Servando Contreras Los Angeles, CA 90029	Pho	neBank		\$115.28	\$253.31	
10/6/2003	Servando Contreras Los Angeles, CA 90029	Pho	neBank		\$55.41	\$253.31	
	g,						

Amendment No  Report No  CM3  1. Committee/Filer Information  COMMITTEE/FILER'S NAME  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX'E-MAIL ADDRESS  OPTIONAL: FAX'E-MAIL ADDRESS	Amounts may be rounded	0/21/200		Date Stamp	CALIFORNIA	-65	
	92						
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Denditure Report Imment Code Sections 84203.5)  NSTRUCTIONS ON REVERSE  Amendment No  Report No  CM3  Committee/Filer Information  OMMITTEE/FILER'S NAME  TREET ADDRESS (NO P.O. BOX)  ITY STATE  PTIONAL: FAX/E-MAIL ADDRESS  Ame of Candidate or Measure State of Candidate or Measure State of Candidate  MME OF BALLOT MEASURE  MME OF BALLOT MEASURE  NAME AND ADDRESS  O03  Vilma Cordova Compton, CA 90220  O03  Belem Cruz	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	IONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	-	1			AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
	Vilma Cordova			EXPENDITURE		•	C.31)
	Compton, CA 90220						
10/6/2003		Phor	neBank		\$55.41	\$255.37	
9/30/2003	Belem Cruz Los Angeles, CA 90016	Phor	neBank		\$117.79	\$259.95	

Expenditure Government Code Sec	mental Independent diture Report c Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Bel	12/31/20	through 12/31/2003    Date of election if applicable: (Month, Day, Year)     10/7/2003       Treasurer (If recipient committee)     NAME OF TREASURER     MAILING ADDRESS     CITY   STATE ZIP CODE   AREA CODE/   OPTIONAL: FAX/E-MAIL ADDRESS     OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE   SUPI   BALLOT NO/LETTER   JURISDICTION   SUPI   STATE ZIP CODE   SUPI   CALIFORNIA FORM     FORM   Page 32	92		
	Amendment No 000	- Amendment (Explain Bei	Date of election i	f applicable:		For Official Use	
	Report No CM3	-					
1. Comi	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDESS (NO D.O. DOV)		MAILING ADDR	ESS			
SIREEI	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	pendent Expenditures Made At	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/6/2003	Belem Cruz Los Angeles, CA 90016	Pho	neBank		\$58.51	,	- · ·
10/7/2003	Belem Cruz Los Angeles, CA 90016	Vot	er Contact		\$5.80	\$259.95	
9/30/2003	Justo Cuevas Los Angeles, CA 90057	Pho	neBank		\$115.28	\$253.30	

<b>Expenditu</b>	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.	int in ink. The rounded from 9/21/2003  Int (Explain Below)  Int (Explain Below)  Date of election if applicable: (Month, Day, Year)  10/7/2003  Page 33  For Official  For Official  Treasurer (if recipient committee)  NAME OF TREASURER  MAILING ADDRESS  CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  OSEC  OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE  BALLOT NO:/LETTER JURISDICTION  sion on appropriately labeled continuation sheets.  CUMULAT CALET	CALIFORNIA	-65		
SEE INSTRUCTIO	Amendment No 000 Amendment No 000 Report No CM3  TITRUCTIONS ON REVERSE Amendment No 000 Report No CM3  TITRUCTIONS ON REVERSE Amendment (Explain Below) Date of election if applicable: (Month, Day, Year) 107/2003  TITRUCTIONS ON REVERSE Amendment No 000 Report No CM3  TITRUCTIONS ON REVERSE Amendment (Explain Below) TITRUCTIONS ON REVERSE Amendment No 000 Report No CM3  TITRUCTIONS ON REVERSE Amendment (Explain Below) TITRUCTIONS ON REVERSE Amendment No 000 Report No CM3  TITRUCTIONS ON REVERSE Amendment No 000 Report No CM3  TITRUCTIONS ON REVERSE Amendment (Explain Below) TITRUCTIONS ON REVERSE THOUGH I STATIS IN THE CASH OF THE PARK OF TREASURER TO TREASURER (If recipient committee)  TITRUCTIONS ON REVERSE THOUGH I STATIS IN THE CASH OF TREASURER TO TREASURER TO TREASURER TO TREASURER TO TREASURER TO TREASURE THE CASH OF TREASURER TO TREASURER TO TREASURE THE CASH OF TREASUR	92					
A	mendment No 000	_   _	Date of election if	applicable:			
	Committee/Filer Information COMMITTEE/FILER'S NAME  STREET ADDRESS (NO P.O. BOX)  EITY STATE  OPTIONAL: FAX/E-MAIL ADDRESS  Lame of Candidate or Measure STATE  AME OF CANDIDATE  AME OF BALLOT MEASURE  DATE NAME AND ADDATE  1003 Justo Cuevas Los Angeles, CA 90057  2003 Ana Diaz Los Angeles, CA 90044	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	nittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREAS	BURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				QUE	OK ONE
			OFFICE SOUGHT OR HE	LD AND DISTRICT, I	F APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	Attach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE T	O DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	(JAN.1 - DE	YEAR 0.31)
10/6/2003		Phone	Bank		\$55.41	\$253.30	
10/7/2003		Voter	Contact		\$5.83	\$172.72	
10/7/2003	Ana Diaz Los Angeles, CA 90044	Voter	Contact		\$56.48	\$172.72	

Supplemental In Expenditure Reproperties 8 (Government Code Sections 8)	ort	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA 4	65
` SEE INSTRUCTIONS ON RE\	· ·			02		24	12
Amendmen	No	Amendment (Explain Bel	ow) through 12/31/20  Date of election in (Month, Day	f applicable:		For Official Use C	
Report	No CM3		10/7/2003				
1. Committee/Filer	Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMMITTEE/FILER'S NAME			NAME OF TREA	SURER			
STREET ADDRESS (NO P.C	. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/E-MAIL ADI	DRESS		OPTIONAL: FAX	/E-MAIL ADDRESS	3		
2. Name of Candida	nte or Measure Sup	ported or Opposed				CHEC	CK ONE
NAME OF CANDIDATE	•	• •	OFFICE SOUGHT OR HE	ELD AND DISTRICT	Γ, IF APPLICABLE		OPPOSE
NAME OF BALLOT MEASURE	<u>.</u>		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independent Ex	penditures Made Atta	ach additional information on appropi	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF I	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003 Ana Dia: Los Ang	eles, CA 90044	Vot	er Contact		\$110.41	\$172.72	
9/30/2003 Luisa Di Arleta, C		Pho	neBank		\$94.98	\$219.39	

ntal Indonendent				SUPPLEMENTA	L INDEPENDENT EXPE	NDITURE
re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	·		Date Stamp 1/12/2004	CALIFORNIA 4	<b>65</b>
NS ON REVERSE	Amendment (Explain Below	through 12/31/200	3		Page 35 of 9	92
mendment No 000		Date of election if	applicable:			
Report No CM3		10/7/2003				
ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient co	ommittee)		
LER'S NAME		NAME OF TREAS	SURER			
		MAILING ADDRE	SS			
ESS (NO P.O. BOX)						
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	DNE
X/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRES	SS		
Candidate or Measure Sup	ported or Opposed				CHEC	CK ONE
DIDATE		OFFICE SOUGHT OR HE	LD AND DISTRI	CT, IF APPLICABLE	SUPPOR	OPPOSE
OT MEASURE		BALLOT NO./LETTER	JURISDICTION	N	SUPPOR	T OPPOSE
dent Expenditures Made Att	ach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE TO	) DATE
NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	CALENDAR '	YEAR
Victor Diaz Los Angeles, CA 90063	Phone	Bank		\$124.13	\$271.60	
Victor Diaz Los Angeles, CA 90063	Phone	Bank		\$60.03	\$271.60	
Victor Diaz Los Angeles, CA 90063	Voter	Contact		\$5.80	\$271.60	
	Sections 84203.5)  NS ON REVERSE  nendment No  CM3  Pe/Filer Information  LER'S NAME  ESS (NO P.O. BOX)  STATE  C/E-MAIL ADDRESS  Candidate or Measure Sup  IDATE  DT MEASURE  ILENT MAME AND ADDRESS  Victor Diaz  Los Angeles, CA 90063  Victor Diaz  Victor Diaz  Los Angeles, CA 90063	The Report Sections 84203.5)  NS ON REVERSE Amounts may be rounded to whole dollars.  NS ON REVERSE Amendment (Explain Below Dee/Filer Information Ler's NAME  STATE ZIP CODE AREA CODE/PHONE  CVE-MAIL ADDRESS  Candidate or Measure Supported or Opposed DATE  DI MEASURE  DI MEASURE  Los Angeles, CA 90063  Phone  Victor Diaz Los Angeles, CA 90063  Victor Diaz Los Angeles, CA 90063	Treasurer No CM3  Self-Filer Information  LERS NAME  STATE ZIP CODE AREA CODE/PHONE  CAMAIL ADDRESS  Candidate or Measure Supported or Opposed  Date of election if (Month, Pay, Defice Sought or Research)  Difference of the sought of the sou	Amounts may be rounded to whole dollars.    Sections 84203.5   Amendment (Explain Below)   Amendment No	Type or print in ink. Amounts may be rounded to whole dollars.    Report Covers period   From 9/21/2003	Amounts may be rounded to whole dollars.  Sections 84/203.5) Sections 84/203.5) Sections 84/203.5) Sections 84/203.5) Sections 84/203.5) Sections 84/203.5) Setions 84/203.5)

Amendment No Report No CM3  1. Committee/Filer Information COMMITTEE/FILER'S NAME  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FA	Amounts may be rounded	0/21/200		Date Stamp	CALIFORNIA	-65	
	92						
A	Amendment No 000	—	Date of election i	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUI	ECK ONE
		Physical Spirotes	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
-	_	1			AMOUNT	CUMULATIVE T CALENDAR (IAN 1 - DE	TO DATE R YEAR
9/30/2003		Phone	eBank		\$94.98		,
10/6/2003		Phone	eBank		\$43.40	\$208.02	
9/30/2003	Andrea Escobar Los Angeles, CA 90005	Phone	eBank		\$111.20	\$248.25	

<b>Expenditu</b>	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/200</u>	03		Page <u>37</u> of _	92
A	mendment No 000	- (Explain 5000)	Date of election if (Month, Day	applicable:		For Official Use (	
	Report No CM3	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREAS	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANE			OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF B		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
10/6/2003	Andrea Escobar Los Angeles, CA 90005	Phone			\$55.41	\$248.25	<i>5.</i> 01)
9/30/2003	Marcos Escobar Tempe, AZ 85283	Phone	Bank		\$106.26	\$164.66	
10/6/2003	Marcos Escobar Tempe, AZ 85283	Phone	Bank		\$52.60	\$164.66	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>38</u> of	92
A	mendment No 000	—	Date of election i	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ĺ	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Marcos Escobar Tempe, AZ 85283	Voter	Contact		\$5.80	\$164.66	
10/7/2003	Vimey Espinoza Alhambra, CA 91801	Voter	Contact		\$101.36	\$101.36	
9/30/2003	Maria Estrada Los Angeles, CA 90017	Phone	eBank		\$106.66	\$238.90	

<b>Expenditu</b>	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 39 of	92
A	mendment No 000	- (ZAPIGIII 25.0.)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/P	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				СН	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	F APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE R YEAR
10/6/2003	Maria Estrada Los Angeles, CA 90017		eBank		\$54.39	\$238.90	20.01)
9/30/2003	Yolanda Flores Sylmar, CA 91342	Phone	eBank		\$106.66	\$238.90	
10/6/2003	Yolanda Flores Sylmar, CA 91342	Phone	eBank		\$54.39	\$238.90	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRI	UCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 40 of	92
	Amendment No 000	—	Date of election i	if applicable:		For Official Us	
	Report No CM3	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/F	PHONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	oported or Opposed					HECK ONE
NAME OF	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	FAPPLICABLE	SUPP	ORT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
•	pendent Expenditures Made A	1			1	CUMULATIVE   CALENDA	TO DATE
9/29/2003	E NAME AND ADDRE Linda Gamberg		DESCRIPTION OF	EXPENDITURE	\$28.09	(JAN.1 - E	DEC.31)
	Los Angeles, ČA 90020						
9/27/2003	Linda Gamberg Los Angeles, CA 90020	Voter	r Contact		\$45.00	\$166.64	
10/6/2003	Linda Gamberg Los Angeles, CA 90020	Voter	r Contact		\$3.54	\$166.64	

	ntal Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
Expenditu Government Code	Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	)3	1/12/2004	FORM 4	<b>65</b>
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page 41 of	92
An	nendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient comm	ittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
0. Name of 6	Day 11 Late on Manager Occurs						
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT II	E ADDI ICADI E		CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	AFFLICABLE	SUPPOR	T OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made A	tach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/6/2003	Linda Gamberg Los Angeles, CA 90020	Vot	er Contact		\$90.01	\$166.64	
9/30/2003	Arturo Garcia	Dlea	neBank		\$102.12	\$229.96	
9/30/2003	South Gate, CA 90280	Pilo	перапк		\$102.12	\$229.90	
10/6/2003	Arturo Garcia	Pho	neBank		\$43.40	\$229.96	
	South Gate, CA 90280						

Expend	mental Independent diture Report c Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>42</u> of	92
	Amendment No 000	-	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Comi	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Su	pported or Opposed				CH	ECK ONE
	CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
-	pendent Expenditures Made A	1	•		l mount	CUMULATIVE   CALENDA	TO DATE R YEAR
DATE 10/7/2003	Arturo Garcia		DESCRIPTION OF I	EXPENDITURE	\$18.47	(JAN.1 - D	EC.31)
	South Gate, CA 90280						
9/30/2003	Jose Garcia Los Angeles, CA 90057	Phone	eBank		\$115.28	\$253.31	
10/6/2003	Jose Garcia Los Angeles, CA 90057	Phone	eBank		\$55.41	\$253.31	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>43</u> of	92
	Amendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREET	Γ ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
	F CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	pendent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
9/30/2003	Laura Godoy Los Angeles, CA 90065		eBank	EXI ENDITORE	\$104.39	(JAN.1 - DE \$233.03	.0.31)
10/6/2003	Laura Godoy Los Angeles, CA 90065	Phon	eBank		\$53.06	\$233.03	
9/30/2003	Rocio Godoy Los Angeles, CA 90065	Phon	eBank		\$102.12	\$226.53	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>44</u> of	92
Aı	mendment No 000	—	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nmittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAND		Province of Province	OFFICE SOUGHT OR HE	ELD AND DISTRICT	, IF APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	 ately labeled continuation	sheets.		CUMULATIVE 1 CALENDAR	O DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
10/6/2003	Los Angeles, CA 90065	Phon	eBank		\$51.10	\$226.53	
9/30/2003	Blanca Gomez Los Angeles, CA 90011	Phone	eBank		\$106.66	\$238.90	
10/6/2003	Blanca Gomez Los Angeles, CA 90011	Phone	eBank		\$54.39	\$238.90	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>45</u> of	92
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
9/30/2003	Blanca Gonzalez Compton, CA 90220	Phon	eBank		\$108.93	\$244.35	
10/6/2003	Blanca Gonzalez Compton, CA 90220	Phon	eBank		\$55.41	\$244.35	
9/30/2003	Judith Elizabeth Gonzalez Compton, CA 90220	Phon	eBank		\$108.93	\$236.49	

ONS ON REVERSE						
SITO OIT ILEVEROE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>46</u> of	92
mendment No 000	-	Date of election if	f applicable:		For Official Use	
Report No CM3	-	10/7/2003				
tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	ee)		
FILER'S NAME		NAME OF TREA	SURER			
RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
	,	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
				1	CUMULATIVE 1 CALENDAR	TO DATE
Judith Elizabeth Gonzalez			EXPENDITURE			C.31)
Compton, CA 90220						
Jack Gribbon San Francisco, CA 94117	Voter	Contact		\$2.10	\$882.79	
				1	1	
	Report No CM3  tee/Filer Information  FILER'S NAME  RESS (NO P.O. BOX)  STATE  AX/E-MAIL ADDRESS  Candidate or Measure Supplication  DIDATE  LOT MEASURE  DIDATE  Judith Elizabeth Gonzalez Compton, CA 90220  Jack Gribbon	Report No CM3  I.D. NUMBER (if recipient committee)  I.D. NUMBER (if r	Report No CM3  I.D. NUMBER (if recipient committee)  RESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  CITY  OPTIONAL: FAX  Candidate or Measure Supported or Opposed  DIDATE  OFFICE SOUGHT OR HE  OFFICE SOUGHT OR HE  AME AND ADDRESS OF PAYEE  DESCRIPTION OF IS  Judith Elizabeth Gonzalez  Compton, CA 90220  Didate I.D. NUMBER (if recipient committee)  I.D. NUMBER (if recipient committee)  Treasure  NAME OF TREA  MAILING ADDRES  OPTIONAL: FAX  OPTIONAL: FAX  OPTIONAL: FAX  OPTIONAL: FAX  PhoneBank	Report No CM3	Report No CM3 10.7/2003  TO NUMBER (if recipient committee) 10.7/2003  TO PORTUGE INFORMATION 1.D. NUMBER (if recipient committee) 10.7/2003  TO PORTUGE INFORMATION 1.D. NUMBER (if recipient committee) 10.7/2003  TO PORTUGE INFORMATION 10.7/200	Report No CM3

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>47</u> 0	of 92
	Amendment No 000	—	Date of election (Month, Da	if applicable:		For Official U	
	Report No CM3	_	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DDE AREA CODE/	PHONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name c	of Candidate or Measure Su	pported or Opposed					CHECK ONE
NAME OF CA			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	FAPPLICABLE		PORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUP	PORT OPPOSE
3. Indepe	endent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIV CALEND	E TO DATE
9/27/2003	Jack Gribbon		r Contact	EXPENDITORE	\$72.45	(JAN.1 - \$882.79	DEC.31)
	San Francisco, CA 94117						
10/6/2003	Jack Gribbon San Francisco, CA 94117	Voter	r Contact		\$458.24	\$882.79	
10/3/2003	Hotel Employees and Restaurant Employ Los Angeles, CA 90017	yees Local 11 Voter	r Contact		\$196.80	\$910.79	

	ntal Independent	Type or print in ink.	Report covers	period	Date Stamp	AL INDEPENDENT EXPE	NDITURI
Expenditu Government Code	e Sections 84203.5)	Amounts may be rounded to whole dollars.			1/12/2004	CALIFORNIA 4	65
SEE INSTRUCTIC	NS ON REVERSE	Amendment (Explain Be	elow) through <u>12/31/200</u>	13		Page <u>48</u> of <u>9</u>	2
A	mendment No 000		Date of election if (Month, Day	applicable:		For Official Use C	
	Report No CM3		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee	e) Treasurer	(If recipient con	nmittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREAS	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY		STATE ZIP COI	DE AREA CODE/PHO	NE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS	;		
	Candidate or Measure Sup	ported or Opposed		D ALID DIOTDIO	- IE ADDI (OAD) E		K ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT	, IF APPLICABLE	SUPPOR	OPPOSE
NAME OF BALL							
	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
						SUPPOR	OPPOSE
3. Independ	ot measure  dent Expenditures Made At	ach additional information on approp				CUMULATIVE TO	D DATE
DATE	dent Expenditures Made At	SS OF PAYEE	oriately labeled continuation  DESCRIPTION OF E	sheets.	AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	D DATE YEAR
	dent Expenditures Made At	SS OF PAYEE	oriately labeled continuation	sheets.	AMOUNT \$128.99	CUMULATIVE TO CALENDAR	D DATE (EAR
DATE	dent Expenditures Made At  NAME AND ADDRES  Hotel Employees and Restaurant Employee	es Local 11 Vo	oriately labeled continuation  DESCRIPTION OF E	sheets.		CUMULATIVE TO CALENDAR (JAN.1 - DEC	D DATE (EAR

	nental Independent	Type or print in ink.	Report covers	s period	Date Stamp	CALIFORNIA	ENDITURI
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM Z	<b>.</b> 00
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>49</u> of	92
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM3	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	of Candidate or Measure Sup	pported or Opposed	OFFICE COLICIES OF U	TID AND DIOTRICT I	E ADDI ICADI E		CK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/6/2003	Stephanie Hernandez Los Angeles, CA 90038	Phon	eBank		\$53.06	\$202.31	
10/7/2003	Iris Hernandez	Vote	r Contact		\$112.51	\$112.51	
	Los Angeles, CA 90026						
9/30/2003	Silfa Honorato Long Beach, CA 90813	Phor	neBank		\$106.66	\$238.90	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page 50 of	92
Ar	mendment No 000	- (2.p.a 2010	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Sup	oported or Opposed				CI	ECK ONE
NAME OF CAND	<u> </u>		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		ORT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPC	ORT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - DI	TO DATE R YEAR
10/6/2003	Silfa Honorato Long Beach, CA 90813		eBank		\$54.39	\$238.90	20.01)
9/30/2003	Rosalinda Jimenez Compton, CA 90221	Phon	eBank		\$108.93	\$244.35	
10/6/2003	Rosalinda Jimenez Compton, CA 90221	Phon	eBank		\$55.41	\$244.35	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 51 of	92
Aı	mendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		ORT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DI	TO DATE R YEAR
10/7/2003	Silvia Jimenez Los Angeles, CA 90029		Contact		\$110.41	\$110.41	-0.01)
9/27/2003	Anne Kamsvaag Los Avenue, CA 90034	Voter	·Contact		\$30.00	\$330.00	
10/6/2003	Anne Kamsvaag Los Avenue, CA 90034	Voter	Contact		\$300.00	\$330.00	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page 52 of	92
Am	nendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sur	oported or Opposed				CUE	CK ONE
NAME OF CANDI	<u> </u>		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	ent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE
9/30/2003	Ernesto Landeros Sun Valley, CA 91352		eBank		\$122.67	\$267.79	0.31)
10/6/2003	Ernesto Landeros Sun Valley, CA 91352	Phon	eBank		\$59.44	\$267.79	
10/7/2003	Ernesto Landeros Sun Valley, CA 91352	Votes	r Contact		\$5.80	\$267.79	

Expendit	ental Independent cure Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers from 9/21/2003		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	)3		Page _53 o	f 92
	Amendment No 000			applicable: , Year)		For Official Us	
	Report No CM3	-	10/7/2003				
. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)	•	
COMMITTEE	F/FILER'S NAME		NAME OF TREAS	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDRE	SS			
OTTLET ADI	SKEGO (NOT.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	PHONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sup	pported or Opposed				C	HECK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT,	F APPLICABLE	SUPF	PORT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
. Indeper	ndent Expenditures Made At	tach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE	E TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	CUMULATIVI CALENDA (JAN.1 - E	AR YEAR DEC.31)
0/30/2003	Sonia Lara Los Angeles, CA 90034	Phone	Bank		\$111.20	\$248.25	
0/6/2003	Sonia Lara Los Angeles, CA 90034	Phone	Bank		\$55.41	\$248.25	
0/7/2003	Rene Ledesma Bell Gardens, CA 90201	Voter	Contact		\$5.83	\$120.26	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page 54 of	92
Ar	nendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
•	lent Expenditures Made A				AMOUNT.	CUMULATIVE 1 CALENDAR	TO DATE
DATE 10/7/2003	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	\$114.43	(JAN.1 - DE \$120.26	C.31)
	Bell Gardens, CA 90201						
9/30/2003	German Castanon Lopez Los Angeles, CA 90037	Phone	eBank		\$115.28	\$253.31	
10/6/2003	German Castanon Lopez Los Angeles, CA 90037	Phone	eBank		\$55.41	\$253.31	

Expenditui		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
Government Code	Sections 84203.5)	to whole dollars.	from9/21/200	)3		I GIUII	
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>55</u> of _	92
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SSS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CUE	CK ONE
NAME OF CANDI	·		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	ent Expenditures Made A	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
9/30/2003	Rodrigo Lopez Los Angeles, CA 90019	Phoi	neBank		\$65.97	\$212.34	
10/6/2003	Rodrigo Lopez Los Angeles, CA 90019	Phor	neBank		\$51.10	\$212.34	
10/7/2003	Rodrigo Lopez Los Angeles, CA 90019	Vote	er Contact		\$95.27	\$212.34	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>56</u> of	92
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	ependent Expenditures Made A	1			AMOUNT.	CUMULATIVE CALENDAR	TO DATE LYEAR
DAT 9/30/2003	Angelina Lucero		DESCRIPTION OF neBank	EXPENDITURE	\$108.90	(JAN.1 - DE	C.31)
	Los Angeles, CA 90006						
10/6/2003	Angelina Lucero Los Angeles, CA 90006	Phor	neBank		\$53.89	\$240.80	
9/30/2003	Lorena Luna Los Angeles, CA 90016	Phor	neBank		\$108.90	\$246.63	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>57</u> of	92
An	nendment No 000	- (z,pidiii 500	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Sur	pported or Opposed				CHE	ECK ONE
NAME OF CAND	<b>.</b>		OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
				Lupianianian			
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on appropria	 ately labeled continuation	sheets.		CUMULATIVE T	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
10/6/2003	Lorena Luna Los Angeles, CA 90016	Phone	eBank		\$53.89	\$246.63	
10/7/2003	Lorena Luna Los Angeles, CA 90016	Voter	r Contact		\$5.83	\$246.63	
9/30/2003	Maria Magallon Bell, CA 90201	Phone	eBank		\$104.39	\$233.03	

	ntal Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALLEGENIA	ENDITURI
Expenditui Government Code		Amounts may be rounded to whole dollars.	from9/21/200	)3	1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>58</u> of _	92
Am	nendment No 000	ment No		f applicable: y, Year)		For Official Use 0	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SSS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Name of C	Candidate or Measure Sup	anorted or Onnosed					
NAME OF CANDI	•	ported of Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made At	tach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE)	
10/6/2003	Maria Magallon Bell, CA 90201	Pho	neBank		\$53.06	\$233.03	
9/30/2003	Rosa Maldonado Los Angeles, CA 90058	Phoi	neBank		\$108.93	\$244.36	
10/6/2003	Rosa Maldonado Los Angeles, CA 90058	Pho	neBank		\$55.41	\$244.36	
	200 Aligotos, CA 70030						

Exper	emental Independent aditure Report ent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTE	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>59</u> of	92
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMM	ITTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	ET ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	IONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
	DF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	FAPPLICABLE		RT OPPOSE
NAME (	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	ependent Expenditures Made A	1	•		1	CUMULATIVE CALENDAF	TO DATE R YEAR
DAT 9/30/2003	FE NAME AND ADDRE  Victoria Marquez		DESCRIPTION OF neBank	EXPENDITURE	\$108.90	(JAN.1 - DE	(C.31)
	Los Angeles, CA 90019						
10/6/2003	Victoria Marquez Los Angeles, CA 90019	Phon	eBank		\$53.89	\$240.80	
9/30/2003	Rafael Marroquin Los Angeles, CA 90005	Phon	neBank		\$106.63	\$235.28	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through 12/31/20	03		Page <u>60</u> of	92
An	mendment No 000	-	Date of election i	f applicable:		For Official Use	
Amendment No 000   Amendment (Explain Bolow)   Date of election if applicable: (Month, Day, Year)   Date of election if applicable: (Month							
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
<u>-</u>	-	1			AMOUNT	CUMULATIVE T	TO DATE
10/6/2003	Rafael Marroquin			LXI LINDITORE		(JAN.1 - DE	0.31)
	Los Aligeies, CA 90005						
9/30/2003		Phon	eBank		\$102.12	\$219.19	
10/6/2003	Flor Martinez Rosemead, CA 91770	Phon	eBank		\$51.10	\$219.19	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>			Page 61 o	92
	Amendment No 000	—	Date of election i (Month, Day	f applicable:		For Official Us	
	Report No CM3	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CC	DDE AREA CODE/F	PHONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				C	HECK ONE
	F CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
,	pendent Expenditures Made A	1			l MOUNT	CUMULATIVE CALENDA	TO DATE
9/30/2003	E NAME AND ADDRE Walter Martinez		DESCRIPTION OF reBank	EXPENDITURE	\$113.65	(JAN.1 - E	PEC.31)
	Los Angeles, CA 90038						
10/6/2003	Walter Martinez Los Angeles, CA 90038	Phon	eBank		\$55.41	\$250.38	
9/30/2003	Jose Medina South Gate, CA 90280	Phon	eBank		\$92.39	\$192.93	

	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from 9/21/2003		CALIFORNIA FORM	65
IONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/2003		Page 62 of 92	!
Amendment No 000	- (2,p,a,, 25,0	Date of election if applica		For Official Use Or	
Report No CM3	-	10/7/2003	_		
ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If rec	ipient committee)		
F/FILER'S NAME		NAME OF TREASURER			
DRESS (NO P.O. BOX)		MAILING ADDRESS			
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHON	IE
FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL	ADDRESS		
f Candidate or Measure Su	pported or Opposed			CHECK	CONE
NDIDATE		OFFICE SOUGHT OR HELD AND	DISTRICT, IF APPLICABLE	SUPPORT	
LLOT MEASURE		BALLOT NO./LETTER JURISI	DICTION	SUPPORT	OPPOSE
	ĺ		1	CUMULATIVE TO CALENDAR YE	DATE EAR
Jose Medina			\$54.39	(JAN.1 - DEC.3 \$192.93	31)
South Gate, CA 90280					
Belkys Carolina Menjivar Los Angeles, CA 90018	Phone	eBank	\$111.20	\$239.02	
	CIURE Report  Index Sections 84203.5)  ITONS ON REVERSE  Amendment No  Report No  CM3  Ittee/Filer Information  Iffiler's NAME  DRESS (NO P.O. BOX)  STATE  FAX/E-MAIL ADDRESS  If Candidate or Measure Support No Measure  LLOT MEASURE  Indent Expenditures Made And NAME AND ADDRESS  ITONS ON REVERSE  Amendment No  CM3  STATE  AME  STATE  AME  NAME AND ADDRESS	Amounts may be rounded to whole dollars.  Amounts may be rounded to whole dollars.	Amendment No 000	Type or print in ink. Amounts may be rounded to whole dollars.  IONS ON REVERSE Amendment No 000 Report No CM3  ID. NUMBER (if recipient committee)  Treasurer (if recipient committee)  NAME OF TREASURER  MAILING ADDRESS  Treasurer (if recipient committee)  STATE ZIP CODE AREA CODE/PHONE  FAXE-MAIL ADDRESS  Treasurer (if recipient committee)  OPTIONAL: FAXE-MAIL ADDRESS  Treasurer (if recipient committee)  NAME OF TREASURER  MAILING ADDRESS  OPTIONAL: FAXE-MAIL ADDRESS  Treasurer (if recipient committee)  OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE  LLOT MEASURE  BALLOT NO/LETTER JURISDICTION  Indent Expenditures Made Attach additional information on appropriately labeled continuation sheets.  NAME AND ADDRESS OF PAYEE  DESCRIPTION OF EXPENDITURE AMOUNT  State Stamp  L1/12/2004  Ithrough 12/31/2003  Ithrough 12/31/2003  Date of election if applicable: (Month, Day, Year)  Indent Expenditures Made Attach additional information on appropriately labeled continuation sheets.  NAME AND ADDRESS OF PAYEE  DESCRIPTION OF EXPENDITURE AMOUNT  State Stamp  I/12/2004  Ithrough 12/31/2003  Ithrough 12/31/2003  Date of election if applicable: (Month, Day, Year)  Indent Expenditures Made Attach additional information on appropriately labeled continuation sheets.  NAME AND ADDRESS OF PAYEE  DESCRIPTION OF EXPENDITURE AMOUNT  State Stamp  I/12/2004  Ithrough 12/31/2003  Ithrough 12/31/200	Amounts may be rounded to whole dollars.    CALIFORNIA 4

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>63</u> of	92
A	Amendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CH	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DI	TO DATE R YEAR EC.31)
9/30/2003	Victor Mondragon Long Beach, CA 90813	Phon	neBank		\$116.85	\$255.38	,
10/6/2003	Victor Mondragon Long Beach, CA 90813	Phon	neBank		\$55.41	\$255.38	
9/30/2003	Blanca Monroy Los Angeles, CA 90006	Phon	neBank		\$111.26	\$212.84	

	nental Independent iture Report	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	ENDITURI
	Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM Z	.00
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>64</u> of	92
	Amendment No 000	Amendment No 000		f applicable: y, Year)		For Official Use Only	
	Report No CM3	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed			- 100110101		CK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	- APPLICABLE	SUPPOR	T OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	endent Expenditures Made At	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE I	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/6/2003	Blanca Monroy Los Angeles, CA 90006	Phor	neBank		\$55.41	\$212.84	
9/30/2003	Natalie Morales Paramount, CA 90723	Phor	neBank		\$102.12	\$218.83	
10/6/2003	Natalie Morales Paramount, CA 90723	Phor	neBank		\$43.40	\$218.83	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	elow) through <u>12/31/2003</u>			Page <u>65</u> of	92
A	mendment No 000	— (Expain 55)	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
9/30/2003	Carlos O'Campo Glendale, CA 91206	Phone			\$111.46	\$212.96	<i>3.</i> 31)
10/6/2003	Carlos O'Campo Glendale, CA 91206	Phone	Bank		\$55.33	\$212.96	
9/30/2003	Daniel Olano Los Angeles, CA 90015	Phone	Bank		\$99.68	\$189.80	

Expendi	nental Independent ture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	ow) through <u>12/31/2003</u>			Page <u>66</u> o	f 92
	Amendment No 000	- (Explain 5515)	Date of election (Month, Da	if applicable:		For Official Us	
	Report No CM3	_	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/I	PHONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed					HECK ONE
NAME OF CA		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		PORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVI CALEND, (JAN.1 - I	E TO DATE AR YEAR DEC.31)
10/6/2003	Daniel Olano Los Angeles, CA 90015	Phone	eBank		\$48.83	\$189.80	
9/24/2003	Orbit Party Rentals, Inc. Santa Fe Springs, CA 90670	Voter	Contact		\$258.38	\$275.94	
9/27/2003	Orbit Party Rentals, Inc. Santa Fe Springs, CA 90670	Voter	Contact		\$17.56	\$275.94	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>67</u> of	92
An	nendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sur	oported or Opposed				CHI	ECK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	FAPPLICABLE		RT OPPOSE
NAME OF BALLC	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	lent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
9/30/2003	Domiciano Osorio Gardena, CA 90247		neBank		\$113.65	\$250.39	
10/6/2003	Domiciano Osorio Gardena, CA 90247	Phon	ıeBank		\$55.41	\$250.39	
9/30/2003	Yohanna Parrales South Gate, CA 90280	Phon	eBank		\$97.25	\$225.89	

	ntal Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXPI	
Expenditur Government Code S		Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>68</u> of _	92
Am	Amendment No 000		Date of election i	if applicable:		For Official Use Only	
	Report No CM3	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2 Name of C	andidata ar Magaura Sura	anartad or Opposed					
NAME OF CANDID	candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CK ONE
				,			
NAME OF BALLO	TMEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	n sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE)	
10/6/2003	Yohanna Parrales South Gate, CA 90280	Pho	neBank		\$53.06	\$225.89	
9/30/2003	Estela De Jesus Paz Los Angeles, CA 90005	Pho	neBank		\$108.93	\$244.35	
10/6/2003	Estela De Jesus Paz Los Angeles, CA 90005	Pho	neBank		\$55.41	\$244.35	
	Los Aligeles, CA 70000						

<b>Expenditu</b>	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	Below) through <u>12/31/2003</u>			Page <u>69</u> of	92
A	mendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				<b>CI</b>	IECK ONE
NAME OF CANE		Photos Photos	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Independ	dent Expenditures Made	attach additional information on appropria	ately labeled continuation	n sheets.		CUMULATIVE   CALENDA	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - D	EC.31)
9/30/2003	Blanca Perez Los Angeles, CA 90006	Phone	eBank		\$121.78	\$263.45	
10/6/2003	Blanca Perez Los Angeles, CA 90006	Phone	eBank		\$4.62	\$263.45	
10/6/2003	Blanca Perez Los Angeles, CA 90006	Voter	Contact		\$55.41	\$263.45	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page _70 of	92
Ar	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name of (	Candidate or Measure Su	pported or Opposed				CUI	ECK ONE
NAME OF CAND		PP	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SURPO	RT OPPOSE
WIWE OF BALES	OT WEAGONE		BALLOT NO JEETTEN	JONIODIONION		00110	NI OITOOL
3. Independ	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE CALENDAF	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
9/30/2003	Karla Pineda Hawthorne, CA 90250	Phon	eBank		\$102.12	\$211.85	
10/6/2003	Karla Pineda Hawthorne, CA 90250	Phon	eBank		\$51.10	\$211.85	
10/7/2003	Elva Polanco Los Angeles, CA 90018	Vote	r Contact		\$2.92	\$125.11	

Supplemental Independent		Type or print in ink.	Report cover	s period	Date Stamp	SUPPLEMENTAL INDEPENDENT EXPENDITU  Date Stamp		
	re Report e Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	)3	1/12/2004	CALIFORNIA FORM	<b>65</b>	
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>71</u> of <u>9</u>	92	
Ar	mendment No 000			if applicable: y, Year)		For Official Use 0		
	Report No CM3		10/7/2003					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)			
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER				
OTDEET ADDR	FOO (NO P.O. POV)	_	MAILING ADDR	ESS				
STREET ADDRI	ESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE	
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS				
2. <u>Name of (</u>	Candidate or Measure Sup	ported or Opposed				CHE	CK ONE	
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT	, IF APPLICABLE	SUPPOR	T OPPOSE	
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE	
3. Independ	dent Expenditures Made Att	ach additional information on appropri	   iately labeled continuation	n sheets.		OLIMAN ATIVE T	O DATE	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR	
10/7/2003	Elva Polanco Los Angeles, CA 90018	Vote	er Contact		\$16.62	\$125.11		
10/6/2003	Elva Polanco	Vote	er Contact		\$105.57	\$125.11		
10/0/2003	Los Angeles, CA 90018	Vote	er Contact		\$103.37	\$123.11		
9/29/2003	Political Data, Inc. Burbank, CA 91507	Vote	er Contact		\$261.00	\$1,249.71		

Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per	Pate Stamp 1/12/2004	CALIFORNIA 465
S ON REVERSE	Amendment (Explain Belo	through 12/31/2003		Page 72 of 92
endment No 000	—	Date of election if ap		For Official Use Only
Report No CM3	_	10/7/2003		
e/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (	(If recipient committee)	
ER'S NAME		NAME OF TREASUR	RER	
SS (NO P.O. BOX)		MAILING ADDRESS	3	
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
E-MAIL ADDRESS		OPTIONAL: FAX/E-N	MAIL ADDRESS	
andidate or Measure Su	pported or Opposed			CHECK ONE
		OFFICE SOUGHT OR HELD	AND DISTRICT, IF APPLICABLE	SUPPORT OPPOSE
Γ MEASURE		BALLOT NO./LETTER JI	URISDICTION	SUPPORT OPPOSE
_	1		1	CUMULATIVE TO DATE CALENDAR YEAR
Yeni Carolina Quintanilla			\$111.20	NT (JAN.1 - DEC.31) \$248.25
Los Angeles, CA 90005				
Yeni Carolina Quintanilla Los Angeles, CA 90005	Phon	eBank	\$55.41	\$248.25
	e/Filer Information  ER'S NAME  SS (NO P.O. BOX)  STATE  E-MAIL ADDRESS  Candidate or Measure Su DATE  T MEASURE  NAME AND ADDRE  Yeni Carolina Quintanilla  Los Angeles, CA 90005	Report No CM3  e/Filer Information  ER'S NAME  SS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  E-MAIL ADDRESS  Eandidate or Measure Supported or Opposed  DATE  T MEASURE  Pent Expenditures Made Attach additional information on appropri  NAME AND ADDRESS OF PAYEE  Yeni Carolina Quintanilla  Los Angeles, CA 90005  Amendment (Explain Belo  LD. NUMBER (if recipient committee)  AREA CODE/PHONE  AREA CODE/PHONE  Phone  Phone  Phone  Phone  Yeni Carolina Quintanilla  Phone	endment No 000  Report No CM3    Introduction   Interest   Introduction   Interest   Introduction   Interest   In	endment No 000

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>73</u> of	92
	Amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM3	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME O	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		ORT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
	ependent Expenditures Made A	1	·			CUMULATIVE CALENDA	TO DATE R YEAR
DAT 10/6/2003	E NAME AND ADDRE  Maria Ramirez		DESCRIPTION OF neBank	EXPENDITURE	\$52.27	(JAN.1 - D	EC.31)
	Bell Gardens, CA 90201						
9/30/2003	Isidro Ramos Los Angeles, CA 90021	Phon	neBank		\$104.06	\$241.11	
10/6/2003	Isidro Ramos Los Angeles, CA 90021	Phon	neBank		\$55.41	\$241.11	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page _74 o	f 92
An	nendment No 000			if applicable: y, Year)		For Official Us	
	Report No CM3	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/F	PHONE
OPTIONAL: FAX	VE-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Su	pported or Opposed					HECK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	FAPPLICABLE		ORT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Independ	lent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDA (ANA)	E TO DATE
9/30/2003	Cristina Rauda Los Angeles, CA 90051		neBank	LXI LINDITORE	\$108.93	(JAN.1 - E	JEC.31)
	Los Angeles, CA 70031						
10/6/2003	Cristina Rauda Los Angeles, CA 90051	Phor	neBank		\$55.41	\$244.35	
9/30/2003	Miguel Raya Jr. South Gate, CA 90280	Phor	neBank		\$92.71	\$208.81	

Expenditu	plemental Independent Inditure Report Inditure		Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUC <u>TIO</u>	NS ON REVERSE	Amendment (Explain Be	low) through <u>12/31/20</u>	003		Page 75 of 2	92
Ar	Amendment No 000		Date of election (Month, Da	if applicable:		For Official Use (	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient comm	nittee)		
COMMITTEE/FI	LER'S NAME	I .	NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		T OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on approp	riately labeled continuation	n sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/6/2003	Miguel Raya Jr. South Gate, CA 90280	Pho	neBank		\$45.06	\$208.81	
9/30/2003	Rita Copeland dba River City Business S Sacramento, CA 95841	vcs. Pho	oneBank		\$3,190.97	\$15,895.71	
9/30/2003	Rita Copeland dba River City Business S Sacramento, CA 95841	vcs. Pho	neBank		\$28.75	\$15,895.71	

	tal Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	NDITURI
Expenditur Government Code S		Amounts may be rounded to whole dollars.	from9/21/200	)3	1/12/2004	FORM 4	CO
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page _76 of	92
Ame	endment No 000		Date of election i (Month, Day	f applicable:		For Official Use 0	
	Report No CM3		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	mmittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRES	S		
- · · · · · · · · · · · · · · · · · · ·							
Name of C	andidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRIC	T IF ADDI ICADI F		CK ONE
NAME OF CANDID	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRIC	T, IF APPLICABLE	SUPPOR	T OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made Att	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/6/2003	Rita Copeland dba River City Business Sv Sacramento, CA 95841	Vote	er Contact		\$10,870.11	\$15,895.71	
9/30/2003	Napoleon Marie Rodriguez Panorama City, CA 91402	Pho	neBank		\$111.46	\$246.68	
10/6/2003	Napoleon Marie Rodriguez Panorama City, CA 91402	Phoi	neBank		\$55.33	\$246.68	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 77 of	92
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM3	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CH.	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPC	ORT OPPOSE
3. Independ	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE CALENDAI	TO DATE R YEAR
10/7/2003	Martha Rodriguez		r Contact	LAFLINDITORL	\$5.83	(JAN.1 - DI	=0.31)
	Los Angeles, CA 90057						
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Voter	r Contact		\$33.25	\$105.57	
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Voter	r Contact		\$58.18	\$105.57	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/200</u>	03		Page <u>78</u> of	92
	Amendment No 000			applicable: , Year)		For Official Use	
	Report No CM3	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commi	tee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREAS	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	e of Candidate or Measure Su	pported or Opposed				CL	IECK ONE
	F CANDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
	pendent Expenditures Made A	1	·		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
DAT 10/7/2003	Martha Rodriguez		DESCRIPTION OF E	EXPENDITURE	\$8.31	(JAN.1 - D	EC.31)
	Los Angeles, CA 90057						
9/30/2003	Abraham Rojas Los Angeles, CA 90029	Phon	eBank		\$99.68	\$219.55	
10/6/2003	Abraham Rojas Los Angeles, CA 90029	Phon	neBank		\$48.83	\$219.55	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>79</u> o	f 92
A	Amendment No 000			if applicable: y, Year)		For Official Us	
	Report No CM3	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/I	PHONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				C	HECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	FAPPLICABLE	SUPF	PORT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVI CALEND	E TO DATE
9/30/2003	Rufina Rojas		eBank	LAFLINDITORL	\$111.20	(JAN.1 - [ \$239.02	DEC.31)
	Los Angeles, CA 90057						
10/6/2003	Rufina Rojas Los Angeles, CA 90057	Phon	eBank		\$46.18	\$239.02	
9/27/2003	Service Employees International Union I Los Angeles, CA 90017	Local 1877 Votes	r Contact		\$230.00	\$753.11	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>80</u> of	92
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM3	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed					IECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE R YEAR EC.31)
9/27/2003	SEIU Local 399 Los Angeles, CA 90017	Voter	r Contact		\$288.10	\$288.10	
9/27/2003	SEIU Local 535 Pasadena, CA 91105-2607	Voter	r Contact		\$269.20	\$269.20	
9/27/2003	Service Employees International Union I Los Angeles, CA 90020	Local 660 Voter	r Conact		\$218.30	\$618.30	

Expen	pplemental Independent penditure Report rnment Code Sections 84203.5)  Type or print in ink. Amounts may be rounded to whole dollars.		Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA 465	
SEE INSTR	EUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>81</u> of	92
	Amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM3	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE*	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/Pŀ	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT IS	ADDI ICARI E		ECK ONE
NAIVIE O	I CANDIDATE		OFFICE SOUGHT ON TH	LLD AND DISTRICT, II	AFFLICABLE	SUFFU	OFFOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	pendent Expenditures Made A	1	•		AMOUNT	CUMULATIVE CALENDAI	TO DATE R YEAR
DAT 9/30/2003	Maria Salcedo		DESCRIPTION OF neBank	EXPENDITURE	\$126.32	(JAN.1 - DE	:C.31)
	Los Angeles, CA 90015						
10/6/2003	Maria Salcedo Los Angeles, CA 90015	Phon	eBank		\$55.41	\$246.37	
9/30/2003	Jeffrey Sanceri Whittier, CA 90602	Phon	eBank		\$111.46	\$246.67	

Supplemen Expenditur	ntal Independent	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	S S
Government Code S		to whole dollars.	from9/21/200	3	7,12,200 i	FORM 4	00
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>82</u> of _	92
Am	endment No 000		Date of election i	f applicable:		For Official Use Only	
	Report No CM3		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
O Nome of C	Pandidata au Masauma Cum	wantad ay Owwasad					
NAME OF CANDID	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT	IF APPLICABLE		CK ONE
TW WILL OF ON WORLD				-LB 744B BIOTHUOT,	III / III EIO/IOEE	55.7 5.1	0 002
NAME OF BALLOT	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/6/2003	Jeffrey Sanceri Whittier, CA 90602	Pho	neBank		\$55.33	\$246.67	
10/6/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Vote	er Contact		\$100.49	\$6,249.10	
10/6/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Vote	er Contact		\$1,148.61	\$6,249.10	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>83</u> of	92
Am	nendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL: FAX/	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Su	oported or Opposed				СН	ECK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		ORT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independe	ent Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
9/30/2003	Julio Torres Los Angeles, CA 90029		neBank	EXTENDITORE	\$51.10	(JAN.1 - D	EC.31)
	Los Angeles, CA 90029						
10/6/2003	Julio Torres Los Angeles, CA 90029	Phor	neBank		\$51.10	\$102.20	
9/30/2003	Laura Torres Los Angeles, CA 90057	Phon	neBank		\$115.28	\$253.30	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)	enditure Report Amounts may be rounded		SUPPLEMENTAL Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIONS ON REVERSE	Amendment (Explain Bel	from <u>9/21/2003</u> ow) through <u>12/31/2003</u>		Page <u>84</u> of <u>92</u>	,
Amendment No 000	— Amenument (Explain Bell	Date of election if applicable: (Month, Day, Year)		For Official Use Or	
Report No CM3	_	10/7/2003			
1. Committee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipient co	ommittee)		
COMMITTEE/FILER'S NAME		NAME OF TREASURER			
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHOI	NE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRES	SS		
2. Name of Candidate or Measure Su	ipported or Opposed			CHEC	K ONE
NAME OF CANDIDATE		OFFICE SOUGHT OR HELD AND DISTRIC	CT, IF APPLICABLE	SUPPORT	
NAME OF BALLOT MEASURE		BALLOT NO./LETTER JURISDICTION	1	SUPPORT	OPPOSE
3. Independent Expenditures Made	Attach additional information on appropr	riately labeled continuation sheets.		CUMULATIVE TO	
DATE NAME AND ADDR	RESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	(JAN.1 - DEC.	
10/6/2003 Laura Torres Los Angeles, CA 90057	Total Control of the				
2007 Ingoles, C1170007	Pho	neBank	\$55.41	\$253.30	
9/30/2003 Irvin Ulloa Los Angeles, CA 90029		neBank neBank	\$53.06	\$106.12	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	
		Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>85</u> of _	92
An	nendment No 000	- (Explain 25.6)	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDI			OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	ent Expenditures Made At	1	ately labeled continuation		AMOUNT	CUMULATIVE T	O DATE YEAR
9/30/2003	Wendy Vargas		eBank	LXI LINDITORE	\$80.64	(JAN.1 - DE	U.31)
	Los Angeles, CA 90062						
10/6/2003	Wendy Vargas Los Angeles, CA 90062  Phone		eBank		\$51.10	\$194.04	
9/30/2003	Daysi Vasquez Los Angeles, CA 90024	Phone	eBank		\$108.93	\$236.49	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA 465	
		Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>86</u> o	f <u>92</u>
A	mendment No 000	—	Date of election (Month, Da	if applicable:		For Official Us	
	Report No CM3	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/I	PHONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed					UEOK ONE
NAME OF CAN		ррогов от орросов	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		PORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
3. Indepen	dent Expenditures Made A	Attach additional information on appropria	ately labeled continuation	n sheets.		CUMULATIVI   CALEND,	E TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - [	DEC.31)
10/6/2003	Daysi Vasquez Los Angeles, CA 90024		eBank		\$55.41	\$236.49	
9/30/2003	Martha Vega Los Angeles, CA 90011  Phone:		eBank		\$94.98	\$219.39	
Martha Vega Los Angeles, CA 90011  Pho		eBank \$51.10			\$219.39		

Supplemental Independent Expenditure Report Government Code Sections 84203.5)			Type or print in ink. Amounts may be rounded		Report covers	s period	SUPPLEMEN  Date Stamp 1/12/2004		CALIFORNIA 465	
			to whole dollars.		from9/21/2003	3	1/12/2004	FORM	FORM 400	
SEE IN	NSTRUCTIONS	ON REVERSE	Amendment (Explain Be	elow)	through	03		Page <u>87</u>	of _9	2
	Ame	ndment No 000			Date of election i	f applicable:		For Official Use Or		nly
		Report No CM3			10/7/2003					
1. C	ommittee	/Filer Information	I.D. NUMBER (if recipient committee	e)	Treasure	(If recipient c	ommittee)			
C	OMMITTEE/FILEI	R'S NAME		_	NAME OF TREA	SURER				
<u></u>		S (NO P.O. BOX)		_	MAILING ADDRE	ESS				
3	IKEEI ADDRES	5 (NO P.O. BOX)								
CI	TY	STATE	ZIP CODE AREA CODE/PHONE	_	CITY		STATE ZIP (	CODE AREA	CODE/PHO	NE
OI	PTIONAL: FAX/E	-MAIL ADDRESS		-	OPTIONAL: FAX	/E-MAIL ADDRE	SS			
		andidate or Measure Sup	ported or Opposed						CHEC	K ONE
NA	ME OF CANDIDA	ATE		OFF	FICE SOUGHT OR HE	ELD AND DISTRI	CT, IF APPLICABLE		SUPPORT	OPPOSE
NA	ME OF BALLOT	MEASURE		BAL	LOT NO./LETTER	JURISDICTION	N		SUPPORT	OPPOSE
3. Ir	ndepende	nt Expenditures Made Atta	ach additional information on approp	oriately la	abeled continuation	sheets.		CUM	JLATIVE TO	DATE
	DATE	NAME AND ADDRES	S OF PAYEE		DESCRIPTION OF I	EXPENDITURE	AMOUNT	[ C	ALENDAR Y AN.1 - DEC.	EAR
10/7/20	003	Carmen Verduzco Commerce, CA 90040	Vot	ter Conta	act		\$110.41	\$120.41		
		,								
10/7/20	/2003 Carmen Verduzco		Voi	ter Conta	er Contact		\$10.00	\$120.41		
		Commerce, CA 90040								
10/7/20	003	Luis Vides North Hollywood, CA 91605	Vot	ter Conta	nct		\$107.86	\$133.35		

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	
		Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>88</u> of	92
A	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM3	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/Ph	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sur	oported or Opposed				CHI	ECK ONE
NAME OF CAN	<b>.</b>		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	NAME AND ADDRESS OF PAYEE  Luis Vides North Hollywood, CA 91605  Voter 0		er Contact		\$25.49	\$133.35	.0.01)
10/7/2003	Voter Improvement Program Los Angeles, CA 90006  Phone		bank		\$1,048.10	\$1,848.10	
10/6/2003	Andrew Jon Westhall Los Angeles, CA 90027	Vote	er Contact		\$147.30	\$147.30	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	
		Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>89</u> of	92
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	Γ ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	e of Candidate or Measure Su	pported or Opposed				CL	IECK ONE
	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Inde	pendent Expenditures Made A				AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
9/30/2003	Jose Xingu		DESCRIPTION OF eBank	EXPENDITURE	\$101.79	(JAN.1 - D	EC.31)
	Van Nuys, CA 91405						
10/6/2003	Jose Xingu Van Nuys, CA 91405		eBank		\$46.18	\$211.89	
9/30/2003	Nolvia Zapata Compton, CA 90220	Phone	eBank		\$118.14	\$247.43	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA 465	
		Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>90</u> of	92
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM3	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Nam	e of Candidate or Measure Su	pported or Opposed				CL	IECK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
	ependent Expenditures Made	1			1	CUMULATIVE CALENDA	TO DATE R YEAR
DAT 10/6/2003	E NAME AND ADDRE  Nolvia Zapata	ESS OF PAYEE Phone	DESCRIPTION OF Bank	EXPENDITURE	\$55.41	(JAN.1 - D	EC.31)
	Compton, CA 90220						
9/27/2003	Tracy Zeluff Los Angeles, CA 90026  Voter		Contact		\$174.27	\$220.02	
10/6/2003	Tracy Zeluff Los Angeles, CA 90026	Voter	Contact		\$45.75	\$220.02	

## Supplemental Independent

Type or print in ink. Amounts may be rounded

	SUPPLEMENTA	L INDEPENDENT	<b>EXPENDITURE</b>
	Report covers period	CALIFORNIA	165
rom _	9/21/2003	FORM	TUJ
	. 12/31/2003	Dage 91	<b>as</b> 92

	kpenditure Report		10 1	vhole dollars.	from	9/21/2003	FOR	465
SEE	E INSTRUCTIONS ON REVERSE				through	12/31/2003	Page <u>9</u>	1 of 92
NAN	ME OF FILER						I.D. NUM	BER (If recipient com.)
Con	nmunity Civic Participation Project sponsored by Labor Organiz	ations					1258279	
4.	<b>Summary</b> 1. Total independent expenditures made of \$	100 or more t	his period. (Part 3.)					\$174,704.15
	2. Total independent expenditures under \$10	0 made this p	eriod. (Not itemized	1.)				\$33,996.12
	3. Total independent expenditures made this	·	•	•				\$208,700.27
	=111 6441							
5.	Filing Officers Enter the name and address of	each filing office	r with whom the filer's m	<u> </u>		0, 460 or 461) have been	n filed.	
5.	1) NAME OF FILING OFFICER	each filing office	r with whom the filer's m	3) NAME OF FILING O	OFFICER		n filed.	
5.		each filing office	r with whom the filer's m	<u> </u>	OFFICER		n filed.	
5.	NAME OF FILING OFFICER  Secretary of State	each filing office	r with whom the filer's m	3) NAME OF FILING O	OFFICER	ters	n filed.	ZIP CODE
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)			3) NAME OF FILING O Sacramento County Re ADDRESS	OFFICER	ters		ZIP CODE 95827
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY	STATE	ZIP CODE	3) NAME OF FILING O  Sacramento County Re ADDRESS  CITY	OFFICER egistrar of Vo	ters	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento	STATE	ZIP CODE	3) NAME OF FILING O  Sacramento County Re  ADDRESS  CITY  Sacramento	DFFICER egistrar of Vo	ters (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento 2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING O  Sacramento County Re ADDRESS  CITY  Sacramento 4) NAME OF FILING O	DFFICER egistrar of Vo	ters (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State ADDRESS (NO. AND STREET)  CITY  Sacramento 2) NAME OF FILING OFFICER  Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING O Sacramento County Re ADDRESS  CITY Sacramento 4) NAME OF FILING O San Francisco County	DFFICER egistrar of Vo	ters (NO. AND STREET)	STATE	

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	1/12/2004	By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/12/2004	By Gribbon Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		Bv
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT